

**AUTHORIZATION FOR MEDICAL EXAMINATION**

Authorization is granted to render to the named person below, the medical examination for:

| | | |
|---------------------------------|--------------|-----------------|
| NAME (Last, First, MI) | | DATE OF BIRTH |
| EMPLOYEE NAME (Last, First, MI) | EMPLOYEE SSN | EMPLOYEE AGENCY |

1. EXAMINING FACILITY TO BE USED

To obtain the medical examination, the applicant or employee and his/her eligible dependents may utilize a U.S. Government Medical Facility (if available) or the services of a private physician.

2. REIMBURSEMENT/VOUCHER INSTRUCTIONS

When the examination is performed by the U.S. Government Medical Facility, when possible, payment will be handled as a direct reimbursement between agencies. A voucher should be mailed to the Claims Section, Office of Medical Services, Room H230, SA-1, U.S. Department of State, 2401 E Street, NW, Washington, DC 20522-0102.

When the examination is performed by a private physician, the U.S. Department of State will pay the usual, customary and reasonable charge for such service. The physician may bill the U.S. Department of State directly, or the applicant or employee may claim reimbursement for expenses paid. In either case, an itemized billing and a copy of this authorization should be mailed to the Claims Section, Office of Medical Services, Room H230, SA-1, U.S. Department of State, 2401 E Street, NW, Washington, DC 20522-0102.

3. TRAVEL EXPENSES

Payment of travel expenses (transportation and per diem), for this purpose is **not authorized**.

4. DISPOSITION OF REPORTS

All reports submitted must be in the English and identified with the full name and date of birth of the examinee. All reports should be placed in a sealed envelope and marked, "Privileged Medical Information." If overseas, the report should be returned to the Embassy. If in the U.S., the report should be addressed to Medical Clearance Section, Room L209, SA-1, U.S. Department of State, 2401 E Street, NW, Washington, DC 20522-0102.

Authorizing Officer _____

Agency Accounting Date _____

SUPPLEMENTAL INSTRUCTIONS
THE MEDICAL HISTORY AND EXAMINATION FORM FOR FOREIGN SERVICE (DS-1843)

FOR HIV TESTING
PERSONS AGE 12 AND OVER

HIV TESTING

The ELISA test for antibodies to the Human Immunodeficiency Virus (HIV) is required as part of the physical examination of those age 12 and over. All examinees should be informed that the test is being done. Medical confidentiality is of paramount importance. The medical record and information contained therein of all Office of Medical Services' patients is only available to health care providers with direct responsibility for the care of an individual. The record is not released to outside medical or non-medical authorities unless the patient requests release of information.

MEDICAL EXAMINATIONS PERFORMED OUTSIDE OF THE UNITED STATES

For physical examinations performed outside of the United States, a 5cc serum sample vial with sodium azide as a preservative should be forwarded to the Embassy requesting the test. The tube should be labeled with the name of the examinee, date of birth of the examinee, date collected, the employee agency, and the name of the requesting Embassy (i.e. Dakar).

MEDICAL EXAMINATIONS PERFORMED IN THE UNITED STATES

For physical examinations performed in the United States the ELISA may be done at the laboratory of the examining physician's choice, or a serum sample can be submitted to the Office of Medical Services (M/DGHR/MED) Laboratory. The M/DGHR/MED Medical Laboratory will provide on request a kit containing a vial with Gentamycin as a preservative and instructions for sample preparation. The tube should be labeled with the name of the examinee, date of birth of the examinee, date collected, and the employee's agency. If the initial ELISA is reactive, a repeat ELISA on the same blood sample must be performed. If the repeat ELISA is positive, a Western BLOT Test is performed for confirmation. If the Western Blot test is positive, a second blood specimen must be submitted to the Clinical Laboratory, Office of Medical Services, Room L219, SA-1, U.S. Department of State, 2401 E Street, NW, Washington, DC 20522-0102, via registered mail, which will be used to confirm prior results.

Informing an **applicant** examinee or their dependents of a confirmed positive result and provision of initial counseling (implications of this infection and precautions) will be the responsibility of the examining physician. Informing an **employee** or their dependents of a confirmed positive result and provision of the initial counseling will be the responsibility of the U.S. Department of State Medical Personnel.